

**STAR OF TOMORROW SCHOLARSHIP
BY THE VIRGINIA STATE WOMEN'S BOWLING ASSOCIATION**

ELIGIBILITY RULES

ANY GRADUATING FEMALE SENIOR IS ELIGIBLE TO APPLY FOR THIS SCHOLARSHIP, PROVIDING THAT THE STUDENT:

- A. FILES A COMPLETED APPLICATION FURNISHED BY THE STAR OF TOMORROW COMMITTEE, BEFORE JANUARY 1 OF ANY YEAR, WITH THE SECRETARY OF THE SCHOLARSHIP COMMITTEE.**
- B. MUST HAVE UNIMPAIRED AMATEUR BOWLING STANDING.**
- C. IS A MEMBER OF A SANCTIONED YABA LEAGUE IN THE STATE OF VIRGINIA AND IS IN GOOD STANDING FOR THE CURRENT SEASON.**

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INSTRUCTIONS

- STEP 1 FILL OUT PAGE ONE ENTIRELY,
- STEP 2 GIVE PAGE ONE TO COACH TO VERIFY AND SIGN. ASK COACH TO FILL OUT PAGE TWO AND RETURN IN ONE OF THE ENCLOSED ENVELOPS.
- STEP 3 HAVE PARENT/GUARDIAN FILL OUT PAGE FOUR. GIVE PAGES THREE AND FOUR TO YOUR SCHOOL COUNSELOR OR TEACHER, AND ASK THEM TO FILL OUT PAGE THREE AND RETURN IN ONE OF THE ENCLOSED ENVELOPES, ALONG WITH YOUR TRANSCRIPT NO LATER THAN JANUARY 1. PLEASE INCLUDE A TRANSCRIPT OF YOUR GRADES FOR YOUR JUNIOR YEAR.
- STEP 4 HAVE PARENT/GUARDIAN FILL OUT PAGE FIVE
- STEP 5 WRITE AN ESSAY OF AT LEAST 150 WORDS WHICH WILL TELL THE SELECTION COMMITTEE HOW THIS AWARD WILL AFFECT YOUR SHORT AND LONG TERM PLANS AND GOALS. RETURN PAGES ONE AND FIVE ALONG WITH YOUR ESSAY IN ONE OF THE ENCLOSED ENVELOPES BEFORE JANUARY 1.
- STEP 6 CHECK WITH THE SCHOOL OFFICIAL AND COACH BY DECEMBER 15, TO MAKE SURE THE APPLICATION PAPERS AND TRANSCRIPT OF GRADES HAVE BEEN MAILED TO THE

Chairman
Robbie Thomas
VSWBA Director
1321 Cherokee Trl,
Covington, Va, 24426

APPLICATION FOR SCHOLARSHIP

NAME: _____ DATE: ___ / ___ / ___

ADDRESS: _____

PHONE: () ____ - _____ DATE OF BIRTH: ___ / ___ / ___

FATHER/GUARDIAN'S FULL NAME _____

MOTHER/GUADIAN'S FULL NAME: _____

ADDRESS OF EACH IF DIFFERENT FROM ABOVE: _____

SCHOOL YOU ARE NOW ATTENDING: _____

HOW LONG HAVE YOU BEEN IN THE YABA PROGRAM? _____ YEARS

OFFICES HELD IN YOUTH LEAGUES (TEAM CAPTAIN, OFFICER): _____

ARE YOU ACTIVE IN THE YABA YOUTH LEADERS PROGRAM?

LOCAL LEVEL: YES ___ NO ___ STATE LEVEL: YES ___ NO ___

ARE YOU ACTIVE IN CLASS OR SCHOOL ORGANIZATIONS: YES ___ NO ___

IF YES, WHICH ONES AND ALSO LIST ANY OFFICES HELD IN EACH: _____

TO WHAT ACCREDITED EDUCATIONAL FACILITY (S) HAVE YOU APPLIED?
COLLEGE ___ VOCATIONAL ___ TRADE ___ OTHER ___ IF OTHER, EXPLAIN:

WHICH ONE(S) HAS/HAVE ACCEPTED YOU? _____

WHICH ONE WILL YOU ATTEND? _____

WHAT WILL BE YOUR COURSE OF STUDY? _____

TO MY KNOWLEDGE THE ABOVE STATEMENTS ARE CORRECT

SIGNATURE OF APPLICANT

SIGNATURE OF COACH

APPLICATION FOR SCHOLARSHIP

APPLICANT'S NAME: _____ DATE: ___/___/___

ADDRESS: _____

NAME OF COACH: _____ PHONE: () ___ - _____

ADDRESS: _____

APPLICANT BOWLS IN WHICH CENTER: _____

NUMBER OF YEARS APPLICANT HAS BOWLED IN YOUR LEAGUES: _____

NUMBER OF GAMES LEAGUE HAS BOWLED THROUGH NOVEMBER 1: _____

NUMBER OF GAMES APPLICANT BOWLED THROUGH NOVEMBER 1: _____

AVERAGE AS OF NOVEMBER 1: _____ LAST SEASON AVERAGE: _____

DID APPLICANT BOWL IN LAST CITY TOURNAMENT? YES ___ NO ___

DID APPLICANT BOWL IN LAST STATE TOURNAMENT? YES ___ NO ___

ATTITUDE:

A. IS APPLICANT HELPFUL TO FELLOW BOWLERS? YES ___ NO ___

IF YES, EXPLAIN: _____

B. IS APPLICANT HELPFUL TO COACH? YES ___ NO ___

IF YES, EXPLAIN: _____

C. LANE COURTESY VERY GOOD ___ GOOD ___ FAIR ___

D. SPORTSMANSHIP VERY GOOD ___ GOOD ___ FAIR ___

DOES APPLICANT:

E. USE FOUL OR ABUSIVE LANGUAGE WHILE BOWLING? YES ___ NO ___

F. LOSE TEMPER AND KICK THE BALL RETURN? YES ___ NO ___

G. STOMP THE FOUL LINE AFTER A BAD DELIVERY? YES ___ NO ___

H. OBSERVE LANE COURTESY? YES ___ NO ___

I. ABIDE BY THE YABA CODE? YES ___ NO ___

USE A SEPARATE SHEET AND GIVE YOUR EVALUATION OF APPLICANT:

SIGNATURE OF COACH

APPLICATION FOR SCHOLARSHIP

APPLICANT'S NAME: _____ DATE: ___/___/___

ADDRESS: _____

NAME OF TEACHER OR COUNSELOR: _____

ADDRESS: _____ PHONE: (___) ___/___

TEACHER OR COUNSELOR: PLEASE COMPLETE THIS SHEET TO ENABLE THIS STUDENT TO APPLY FOR A SCHOLARSHIP FROM THE VIRGINIA STATE WOMEN'S BOWLING ASSOCIATION. ALL ANSWERS WILL BE CONFIDENTIAL. PLEASE MAIL THIS PAGE AND A TRANSCRIPT OF APPLICANT'S GRADES TO THE SECRETARY OF THE SCHOLARSHIP COMMITTEE IN THE ATTACHED SELF ADDRESSED ENVELOPE. THIS APPLICATION MUST BE POSTMARKED NO LATER THAN JANUARY 1.

TRANSCRIPT OF GRADES MUST INCLUDE LAST YEAR'S GRADES.

ACTIVITIES IN SCHOOL BESIDES CLASSROOM WORK: _____

ANY ADDITIONAL REMARKS THAT YOU THINK WOULD BE HELPFUL IN THE EVALUATION OF THIS STUDENT.

TEACHER OR COUNSELOR SIGNATURE

POSITION

APPLICATION FOR SCHOLARSHIP

RELEASE FORM FOR STUDENT'S GRADES

TO WHOM IT MAY CONCERN:

WE, THE UNDERSIGNED, HERBY CONSENT TO HAVE _____
SCHOOL RELEASE THE GRADES AND OTHER NECESSARY INFORMATION
TO THE VIRGINIA STATE WOMEN'S BOWLING ASSOCIATION IN ORDER FOR
THE SENIOR STUDENT, _____, TO APPLY
FOR THE SCHOLARSHIP BEING OFFERED.

_____ SENIOR STUDENT APPLICANT

_____ PARENT / GUARDIAN

PARENT OR GUARDIAN INFORMATION

ON THE FORM, EXPLAIN ANY INFORMATION RELEVANT TO THE APPLICANT'S NEED FOR THIS SCHOLARSHIP. INCLUDE UNUSUAL FACTORS, WHICH SHOULD BE BROUGHT TO THE ATTENTION OF THIS SELECTION COMMITTEE. THIS INFORMATION IS ONLY FOR THE SELECTION COMMITTEE.

PARENT OR GUARDIAN SIGNATURE